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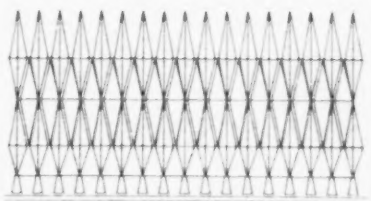
NUTRITION A·B·U·S·E

Intervention Program



UNITED STATES
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Nutrition abuse, in its more extreme condition, is known as an eating disorder such as anorexia nervosa and bulimia nervosa. The purpose of this handout is to outline the range of detrimental eating behaviors leading up to these more extreme conditions and highlight the resources available at USAFA for those interested in getting help before the abuse becomes a problem.

Depending on the poll, the number of women in the United States who report having nutrition abuse problems is between five and ten percent. It appears to be a predominantly female issue, but men are also subject to these abusive behaviors. Nutrition abuse is not simply misunderstanding the appropriate vitamins needed for healthy bodies; it goes beyond that. Nutrition abuse often begins as a self-controlled intake or elimination of foods: a diet. For many individual reasons, nutrition abuse goes beyond a reasonable reduction of calories to a level of literal self-destruction. The reasons why some are subject to this behavior and others not are still being studied, but patterns are emerging.

Often, a large intake of food temporarily reduces stress and makes the sufferer feel full, secure, and in control. But the guilt of over indulging or fear of getting fat sends the "binger" out for hours of exercise, laxative abuse, or to the toilet to "purge" the food consumed during the binge episode. Acids traveling from the stomach up the throat passage as well as the effects of repeated and severe dehydration are two contributors to permanent physical damage from repeated purging. Anorexics actually create a state of starvation for themselves where organs, trying to survive, begin to slow down a little at a time—often irreversibly. Both bulimia and anorexia, if left untreated, can be fatal.

The person often has distorted body image despite the mirror's reflection, and they still feel "too fat." There can be unreasonable expectations of always being the "perfect size six" despite growing to 5' 10"! Often, food is the only arena the sufferer believes they have control over, so they exercise perfect control over food. The reasons go on and on.

While we don't know all the causes, we have developed successful treatment programs for individual cases. At USAFA, a cross-disciplinary committee has developed a protocol in an effort to eliminate the traditional all-or-nothing eating disorders diagnosis. A continuum was devised to assist both the therapist and client in moving the person away from self destruction toward positive esteem and accurate self-perception. Physiological, psychological, and nutritional factors are examined and an individually tailored approach is devised. With time and effort, the person discovers healthier ways of coping with stress and is able to construct a positive self-image. It is important to realize that a non-threatening alternative exists. There is no need to delay getting help as doing this will actually decrease the options available to you.

The next section describes, in some detail, the continuum of nutrition abuse. The earlier you seek help, the better chance you have of overcoming unwanted behaviors and practices.

The Spectrum of Eating/Nutrition Behaviors

Many behaviors acceptable to civilians are subject to challenge with the expectations of Academy life. Among these behaviors are eating and exercise patterns, both of which must meet rigorous demands. Despite the good intent behind these standards, they present an environment which can contribute to unhealthy relationships between nutrition (caloric, amino acid, fluid, etc. intake) and activity (caloric utilization, muscle building, hydration, etc.).

Medically and behaviorally, we see the following spectrum of eating/nutrition behaviors:

a. Healthy, relaxed eating of nutrients and calories balanced for body metabolism and activity levels.

b. Unhealthy eating/nutrition behaviors (usually intermittent or occasional experiences):

(1) rushed/forced intake
(2) missing meals
(3) any voluntary purging
(4) any non-prescription laxative or diuretic use
(5) "junk food" mini-binges
(6) excessive exercising (beyond optimal skill/aerobic training)

c. Problem eating/nutrition behaviors (pattern or habit):

(1) food restriction while exercising heavily
(2) repeated use of laxatives
(3) repeated purging episodes
(4) any true binge episodes
(5) any binge/purge association
(6) excessive weight gain or loss

NOTE: Problem eating may develop as intentional or unintentional behavior in response to stress or physical illness.

d. Eating disorder

(1) Anorexia

(a) Refusal to maintain body weight over a minimal normal weight for age and height (e.g., weight loss leading to maintenance of body weight 15% below that expected or failure to make expected weight gain during period of growth leading to body weight 15% below that expected).

(b) Even though underweight, intense fear of gaining weight or becoming fat.

(c) Disturbance in the perception of one's body weight, size, or shape (e.g., the person claims to "feel fat" even when emaciated and/or believes that one area of the body is " too fat even" when obviously underweight).

(d) In females, absence of at least three consecutive menstrual cycles when otherwise expected to occur (primary or secondary amenorrhea). A woman is considered to have amenorrhea if her periods occur only following hormone (e.g., estrogen) administration.

(2) Bulimia

(a) Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time).

(b) A feeling of lack of control over eating behavior during eating binges.

(c) The person regularly engages in self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.

(d) A minimum average of two binge eating episodes a week for at least three months.

(e) Persistent over-concern with body shape and weight.

(3) Obesity

Significant excess weight not related to underlying medical problems but, rather, to excess caloric/nutrient intake for metabolic/activity demands (RARE AMONG CADETS).

It should be fairly evident that most cadets easily maintain a healthy nutrient/activity balance and very few approach a true eating disorder. However, a significant number fall into the two lesser "risk groups." The goal

of the Nutrition Abuser Intervention Program is to offer guidance, medical support, and nutrition information to help minimize the numbers in these risk groups and prevent progression of any cadets to a formal "eating disorder" diagnosis.

4. Summary:

a. We are concerned about the health of the cadets, as eating disorders can be fatal.

b. We are committed to graduating commissioned officers, and minimizing those "at risk" helps maintain maximum success.

Early identification is essential for both these reasons. Specifically, for commissioning and PQ status, only fully diagnosed eating disorders are potentially disqualifying. But, with identification and successful treatment and control, even they can be waivered.

5. The goals of the "Nutrition Abuser Intervention Program" are threefold.

a. To foster healthy concepts of nutrition, body image, and eating behaviors among all cadets, AOCs, athletic coaches, and other Academy staff.

b. To facilitate the earliest possible recognition of at risk individuals for the prevention of significant eating problem development.

c. To develop an individually tailored approach for cadets having problems anywhere along the spectrum of nutrition abuse using dietary and personal counseling, medical assessment, and consultations as indicated.

Getting Help the Right Way

Assume you realize your nutrition behaviors fall somewhere within the spectrum just described—where do you go for more information and help? There are several resources available at USAFA including dietitians, the Counseling Center, and the Cadet Clinic. These professionals are prepared to tailor a program that will fit your needs.

— **DIETITIAN (Mitchell Hall):** A professional dietitian will counsel you on the principles of healthy eating habits and adequate diet. An assessment of your eating behaviors will be done that includes:

a. One Day Food Intake Record - includes eating patterns, food quantities and qualities.

b. Cadet Profile - includes height, current and minimal recommended weights, ideal body fat percentage, physical activity levels, supplements, caloric requirements, menstrual cycle history, food-related thoughts, and other physical signs of malnutrition.

c. Literature includes selected readings and videotapes on eating disorders and referrals to other resources.

— **COUNSELING CENTER:** A professional counselor will interview you to more fully understand how personal problems, lack of self-esteem, or inaccurate self-perceptions contribute to your nutritional abuse. You can anticipate a confidential, non-threatening conversation with the counselor as you discuss your background and how stressors of this environment may contribute to unhealthy coping and what your strategies could be. Based on this, you will work together to tailor a program intended to improve eating and exercise behaviors and modify the perceptions you have of yourself. Your program is likely to include several components including education, techniques for regulating unwanted thoughts and behaviors, and techniques for improving self-esteem and confidence. Be patient with the counseling process—significant changes can be made when you are willing to commit yourself.

— **CADET CLINIC:** Medical assessments and consultations to rule out underlying medical problems can be done by professional physicians/physician assistants at the Cadet Clinic. They are there to resolve medical problems and, if necessary, work with your dietitian and/or counselor. They are a crucial part of the team committed to commissioning you and qualifying you for flight training if that is your desire.

NUTRITION ABUSER INTERVENTION COUNSELORS

REFERENCES

LT COL (MD) ROBERT GIBBS, Ext 5180
LT COL (PA) ALMA GUZMAN, Ext 5180
Cadet Clinic - Fairchild Hall

MS NANCY LEONARD, Ext 3662
Dietitian - Mitchell Hall (Rm 215a)

MAJ RAOUL BURON, Ext 2107
CAPT JEFF JACKSON, Ext 2107
Cadet Counseling Center -
Vandenberg Hall (Rm 2C14)

ALL THE ABOVE WORK ON AN APPOINTMENT SYSTEM